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Date: <u>October 9, 2001</u>
Docket No.: <u>2185-0577P-SP</u>

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C.   20231

Sir:

As authorized by the inventor(s), transmitted herewith for filing is a patent application applied for on behalf of the inventor(s) according to the provisions of 37 CFR 1.41(c).

Inventor(s):   TAKANO, Naoyuki
                NAKAMURA, Daisaku

For: PROCESS FOR PRODUCING AN AMIDE COMPOUND

Enclosed are:

__X__   A specification consisting of __27__ pages

____   ____ sheet(s) of _____ drawings

____   Certified copy of Priority Document(s)

__X__   Executed Declaration in accordance with 37 CFR 1.64 will follow

____   Applicant claims small entity status in accordance with 37 CFR 1.27

____   Preliminary Amendment

__X__   Information Sheet

__X__   Information Disclosure Statement, PTO-1449 with reference(s)

____   Application Data Sheet in accordance with 37 CFR 1.76

____   Other _____

____   Applicant requests early publication

The filing fee has been calculated as shown below:

			LARGE ENTITY			SMALL ENTITY	
FOR	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE	********** ********** **********	********* ********* *********	***** ***** *****	$740.00	or	**** **** ****	$370.00
TOTAL CLAIMS	20 - 20 =	0	x18 =$	0.00	or	x 9 = $	0.00
INDEPENDENT	1 - 3 =	0	x84 =$	0.00	or	x 42 = $	0.00
MULTIPLE DEPENDENT CLAIM PRESENTED _yes_			+280 =	$280.00	or	+140 = $	0.00

                           TOTAL $1,020.00   TOTAL $ 0.00

__X__   The application transmitted herewith is filed in accordance with 37 CFR 1.41(c). The undersigned has been authorized by the inventor(s) to file the present application. The original duly executed patent application together with the surcharge will be forwarded in due course.

__X__   A check in the amount of $_1,020.00_ to cover the filing fee and recording fee (if applicable) is enclosed.

____   The Government Filing Fee will be paid at the time of completion of the filing requirement.

____   Please charge Deposit Account No. 02-2448 in the amount of $_____. A triplicate copy of this transmittal form is enclosed.

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or Customer No. 2292
P. O. Box 747
Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000

____ No fee is enclosed.

If necessary, the Commissioner is hereby authorized in this,
concurrent, and future replies, to charge payment or credit any
overpayment to Deposit Account No. 02-2448 for any additional
fees required under 37 C.F.R. 1.16 or under 37 C.F.R. 1.17;
particularly, extension of time fees.

Respectfully submitted,

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By
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